

familiar unsubstantiated jeremiads about "society in crisis" (p. 6) and "the moral bankruptcy of modern Western civilization" (p. 7) endemic to much virtue literature.

A clearly delineated sketch of virtue theory's fundamentals (chap. 2) also leaves some important questions unanswered: Who determines "our true end" (p. 17), and how? How are virtues identified? But it accurately reflects a widely held and current interpretation of virtue theory's essential character.

The strong point of the book lies in its later chapters, which attempt to link virtue theory with Christian theology and to find a toehold for it in the gospel of Matthew and epistles of Paul. Kotva's staging of an engagement between the essentially pagan ("neo-Aristotelian") virtue framework and the diverse moral constituents of the Christian "good news" is a valuable contribution to applied ethics.

E. B. C.

May, William. *Testing the Medical Covenant: Active Euthanasia and Health Care Reform*.

Grand Rapids, Mich.: Eerdmans Publishing, 1996. Pp. xii+143. \$14.00 (paper).

May addresses four large topics in this volume: physician-assisted suicide, professional character and virtue, medical futility, and health care reform. He employs a covenantal model of health care ethics, which he has worked out in greater detail in other books. Virtue-oriented ethicists may find the book satisfying, but analytic ethicists will find many dissatisfying gaps.

May is a strong critic of physician-assisted suicide, but he does endorse an interesting exception where he would hope he would have "the courage to kill for mercy" (p. 48). He mentions seeing a picture of a Vietnam casualty who had lost all four limbs in a land mine explosion, reduced "to a trunk attached to a face transfixed in horror" (p. 48). The obvious question to ask is whether there are comparable disasters in our intensive care unit medical battlefields. May seems willing to admit there are, but then he falls back on the legal maxim that hard cases make bad law. I agree with his view that cases like this require moral discernment, but some degree of analytic acuity is called for as well. But we are at the end of May's chapter, and we are dissatisfied.

I think May's covenantal ethics offers an important perspective on our moral experience, but a contractual ethics is important as well, especially in addressing most of the larger issues of health reform in a pluralistic society. What would be helpful would be a more careful analytic discussion of the boundaries or domains of applicability of these different moral frameworks.

L. M. F.

Loewy, Erich H., M.D. *Textbook of Healthcare Ethics*.

New York and London: Plenum Press, 1996. Pp. 309. \$49.50 (cloth).

Loewy's *Textbook of Healthcare Ethics* is one of the very few books that is better than its title. It is a textbook; it does address ethics; and it does survey a broad

range of issues in health care. Of course it includes the usual theoretical rubrics like autonomy and responsibility, physician/patient relationships, and macro- and microallocation; specific topics like advance directives, organ donations, AIDS, no-code orders, physician-assisted suicide; and broad surveys within a sub-field, such as the whole range of reproductive issues. But it also addresses some questions rarely confronted in bioethics texts: for example, there is a chapter (up front, where it belongs) on fallibility and the problem of blameworthiness in medicine, identifying *hypocrisy* as a central problem in ethics. For the institution of medicine, this is a heady challenge.

Furthermore, this book's style is not quite like ordinary textbooks. It is more sophisticated and more assertive: rather than analyze issues at length, it provides an often provocative view of the issues, inviting the student to take issue with the content rather than babying the student through an artificially evenhanded discussion. This textbook is pithy, comprehensive, and interesting, unlike some books with flashier titles, and would be an excellent book for discussion-based classroom use.

M. P. B.

Childress, James F., ed. *Practical Reasoning in Bioethics*.

Bloomington and Indianapolis: Indiana University Press, 1997. Pp. 385. \$39.95 (cloth).

This collection of sixteen previously published articles aims to show how various methods of practical ethical reasoning are deployed in working through medical topics, such as termination of life-sustaining treatment, allocation of health care, and obtaining organs and tissues for transplantation. All but three of the articles are by the editor. Other contributors include Mark Siegler, Courtney Campbell, and Betina Schoene-Seifert. The methods dealt with are primarily the traditional principles of autonomy, beneficence, nonmaleficence, and justice that Childress first set forth in the landmark text *Principles of Biomedical Ethics* (Tom Beauchamp and James Childress, *Principles of Biomedical Ethics*, 4th ed. [New York: Oxford University Press, 1994]). Building on this foundation, contributors make the case that practical reasoning also proceeds "imaginatively," primarily by drawing upon techniques of metaphor and analogy. The development of this idea is intended to complement the tools of principlism. Childress maintains that a suitably revised principlism must also take stock of feminist critiques, which he calls "one of the most important and potentially fruitful areas for reflection about norms and context" (p. 42).

N. S. J.

Walters, LeRoy, and Palmer, Julie Gage. *The Ethics of Human Gene Therapy*.

New York: Oxford University Press, 1997. Pp. 209. \$29.95 (cloth).

This book deals with both the science and the ethics of gene therapy. The first ethical discussion concerns somatic cell gene therapy: attempts to treat disease by introducing altered genes into the patient's body. Here the authors consider